Exhibit 12

UNITED PARCEL SERVICE

REQUEST FOR MEDICAL INFORMATION
(revised effective 1/1/07)

Employee's Name: John Welch

A. Instructions

The employee listed above has submitted a request for a job-related accommodation arising out of a medical condition. In order for UPS to assess the employee's request, please complete the following information and return it in the enclosed envelope to:

Wendy Marshall
Occupational Health Supervisor – Confidential
46-05 56th Road
Maspeth , New York 11378
(718) 706 -2348

If you have any questions relating to the completion of this form or need clarification of any of the information requested, please call the Occupational Health Supervisor at the number listed above. If additional space is necessary, please feel free to attach additional sheets. UPS appreciates your cooperation and assistance.

B. Requested Information

Attached to this form is a description of the essential functions of the employee's current position with UPS. After reviewing this description and evaluating the employee, please answer the following questions.

1. Is the employee currently able to perform all of the functions of his/her position?

   _____ Yes   ✓ No

2. If the answer to Question 1 is "no," using the enclosed essential job functions form, please identify the specific function(s) of the position that the employee is unable to perform.

   (1) Cannot lift > 40 lbs
   (2) Cannot work > 8 hrs shifts.

(3) Can not work nights

3. Please identify the diagnosis or describe the condition that precludes or impairs the employee's ability to perform the specific job function(s) identified in response to Question 2.

Hypertrophic Cardiomyopathy.

a. For each diagnosis or condition identified in Question 3 above, describe in detail the degree or extent of the job restrictions and state the known or expected duration of the job restrictions (e.g., employee's 40-pound lifting restriction is permanent; employee cannot work more than 4 hours per day and/or on a particular shift for two weeks; employee cannot work in an environment over 80 degrees for 3 months etc.).

Items 1-3 in Query 2 are inappropriate in HCM.

b. For each job restriction described in Question 3(a) above, describe the activities that the employee can perform within the restriction (e.g., although the employee cannot lift over 40 pounds, she can lift 10 pounds frequently and 25 to 40 pounds occasionally).

____

____

____

4. For each diagnosis or condition identified in response to Question 3, are there any medications and/or corrective devices that would enable the employee to perform the functions of the position?

_____ Yes _____ No

5. If the answer to Question 4 is "yes," please identify or describe the medications or corrective devices that would enable the employee to perform the functions of the position and state whether the employee is presently taking such medications and/or utilizing such corrective devices.

Correct work environment
Avoid lifting > 40 lbs
Avoid working > 8 hrs.
Avoid overnights.

6. Questions 1 through 5 above focus on the employee's ability to work. Do any of the diagnoses or conditions identified in response to Question 3 substantially limit the employee's ability to perform any major life activities other than working, such as caring for him/herself, performing manual tasks, walking, seeing, hearing, speaking, breathing, reproducing, learning, etc.?

✓ Yes _____ No Can not lift @ Home.

7. If the answer to Question 6 is "yes," please identify all of the major life activities affected by the diagnosis or condition and describe the manner in which the diagnosis or condition limits each activity.

Cannot lift wghts.

8. If the answer to Question 6 is "yes," please state whether there are any medications and/or corrective devices that would enable the employee to perform the activities and, if there are, state whether the employee is presently taking such medications and/or utilizing such corrective devices.

On Rx.

9. In the space provided below, please identify any tests or other diagnostic tools that were used to determine this employee's abilities or the nature of his/her impairment, including the names of the tests or diagnostic tools and the dates on which any such tests or tools were administered to the employee.

pt has HCM.
pt has ICD

Name: M. Sherrid FACC (Please Print) Date: 7/10/07

Address: 425 W 59th ST
NYC NY 10019.

Signature: Samuel Fatz. Telephone No. 212 492 5550 212 523 7372

Exhibit 13

75 Smith Street
E. Farmingdale, NY 11735
631.756.3841 Tel

July 25, 2007

Dear John:

Over the last several weeks, UPS has carefully evaluated your request for a job-related accommodation concerning your self-reported medical condition. In order to continue our assessment of your request, we have scheduled a meeting with you on July 26, 2007 at 9am. At this meeting, you should be prepared to discuss in detail what specific accommodation you are requesting.

If the date and time of the meeting are not convenient, or if you have questions relating to the above, please contact me at 718 706-3000. Otherwise, I look forward to seeing you on July 26, 2007.

Sincerely,

District Workforce Planning Manager

cc: Kevin DiLibero
Wendy Marshall
File

Exhibit 14

I.

UNITED PARCEL SERVICE

ACCOMMODATION CHECKLIST

(revised effective 1/1/07)

Name: John K. Welch

Completed by: John K. Welch

Date of Meeting: 7-26-07

Others in Attendance: MIKE RIDOLFI, WENDY Marshall

District: LI 0726

FOR UNION EMPLOYEES:

I, John Welch do ✓ do not ____ consent to UPS sharing my medical information with the union for all purposes relating to my request for accommodation.

[signature] Date: 7-26-07

Employee Signature

A. To Be Answered By Employee:

1. Job Analysis

a. Current Position CHSP Supv.

b. Self-Identified Condition: HCM - Hypertrophic Cardiomyopathy
Sleep Apnea RLS - Restless Leg Syndrome

b. Current Limitations in Position as a Result of Self-Identified Condition: HCM - No Lifting over 40lb pkg, + not to include repetitious lifting
Sleep Apnea - Complete sleep study at ST. Lukes
RLS - Restless Leg syndrome - adjust medication

c. Desired Accommodation(s) With Respect To Current Position: HCM - No Lifting over 40lbs, No Repetitious Lifting
Sleep Apnea / RLS - Hours restriction 8 hrs. until sleep study + Medication adjustment. resolves ongoing issues. PM work problematic until Resolved.

See reverse ←

d. Other Desired Accommodation(s): ____

[signature] John K Welch 7-26-07

Employee Signature Date

D0570

A. To Be Answered By the District Workforce Planning Manager and District Labor Manager Following Checklist Meeting:

1. With respect to each accommodation identified by the employee which involves modification of his or her current job, answer the following questions:

a. Do the means exist to make the requested accommodation?
b. Does the accommodation conflict with any portion of a collective bargaining agreement?

Accommodation	Means Exist	CBA Conflict
1.		
2.		
3.		

Attach a copy of the essential job functions list for the employee's current position.

2. With respect to each accommodation identified by the employee which involves a transfer or reassignment, answer the following questions:

a. Are there any current openings or does the company know that a vacancy will occur within a reasonable period of time?
b. Does the employee possess the requisite education, skills and experience ("ESE") for the position?
c. Does the employee preliminarily appear capable of performing the essential job functions ("EJF") of this position with or without reasonable accommodation?
d. Does the transfer or reassignment conflict with any portion of a collective bargaining agreement?

Attach a copy of the essential functions list of each identified position.

Accommodation	Availability	ESE	EJF*	CBA Conflict
1. No lifting over 40lbs	yes	yes	yes	N/A
2. 8 Hour Restriction		yes	yes	
3.				

*NOTE: If you answered "no" in the EJF column, briefly describe which essential functions the employee may not be able to perform and explain why.

____

____

____

3. Identify any other readily apparent reasonable accommodations that may be available.____________________________________

____

____

For each accommodation identified, perform the analysis listed in Questions 1 and 2. Be sure to attach a copy of the essential job functions for each position identified.

	Accommodation	Means Exist	CBA Conflict
1.			
2.			
3.			

	Accommodation	Availability	ESE	EJF*	CBA Conflict
1.					
2.					
3.					

Wendy Marshall
Signature

Date Completed: 7/26/07

D0572

Exhibit 15

ADA Checklist Meeting- July 26, 2007 9am.

Attendees: Mike Ridolfi, John Welch, Wendy Marshall

On July 26, 2007 an ADA checklist meeting was held regarding an ADA application filed by John Welch on 7/11/07.

According to John Welch he states he has a medical condition, and because of this particular condition he cannot obtain a Dept. of Transportation Driver Certification Card.

He also indicates that there are two other conditions that he is currently treating for with various Physicians.

He states that he can lift 40lb packages, but not repetitiously. He also states, that one aspect of his health is stable, but his inability to drive a commercial vehicle will never change. He explained that his other medical issues will probably resolve with proper treatment.

At the close of the meeting John asked whether he should continue to work. He was informed by Mike Ridolfi, that we would contact him by the end of the day regarding his work status, since we needed to obtain further clarification from the Region ADA committee.

I reiterated that John needed to obtain an official Doctors report, with a list of current restrictions. I further explained that Aetna needed this letter to determine his work status.

John stated that he would obtain this information from his Physician.

Wendy Marshall
Occupational Health.

To: File
From: Michael Ridolfi – Leasrning & Development Manager
Subj.: ADA Checklist Meeting – John Welch
Date: July 26, 2007

At today's meeting were myself, CHSP Supervisor John Welch and Occupational Health Supervisor Wendy Marshall. The purpose of the meeting was to discuss what accommodations would be necessary for John to perform his current position.

I began the meeting with an explanation of our ADA process, where we were currently in the process and the expectations of today's meeting. I explained that this was a process and that all questions may not be answered today. I presented John with the essential job functions of a Non-Operations Specialist/Supervisor/Managers. I reviewed each job function with John. He stated that he was able to perform all of the Essential Job Functions with out an accommodation except for the following:

- Meet all to the applicable requirements as specified by the DOT
  - Based on his HCN condition he would be never able to meet the DOT requirements
- Work Full-time: 9-10 hours per day, 5 days per week
- Ability to work varying shifts
  - He is currently suffering from sleep apnea and restless leg syndrome. He doctor recommends that he work only 8 hours
- Lift/carry
  - Based on his HCN condition he is unable to lift packages over 40 pounds or do repetitive lifting.

Our discussions centered on these items. We clarified each of the functions and the how they impacted on his ability to perform the CHSP supervisor's job.

John is currently being treated for sleep apnea and Restless Leg Syndrome. He is still in an "evaluation" stage and is continuing with testing and adjustment of his medication. John expressed to us (see also his written statement) that he has an expectation that the sleep apnea and the RLS conditions will be resolved. If the "8 hour" and varying work shift issues could be resolved, he would not need a permanent accommodation.

Accommodations John requested for this position would be that he would not operate one of our vehicles and that he would not be required to lift over 40 pounds, also that he would not be required to do repetitive lifting.

I ended the meeting with an explanation of what happens next in the process. John had a concern as to whether he was to report back to work or not. I told John that we (Wendy & I) would review our meeting with others (District HR Manager Kevin DiLibero and Northeast Region Occupational Health Manger

Valerie Ballowe) and that we would contact him later that day. I again explained that this was a process in which there are others who are involved.

Exhibit 16

To whom it may concern,

Mr. Welch may return to work with the understanding that he remain bound by the restrictions set forth in this correspondence. Mr. Welch is not allowed to lift packages in excess of 40 lbs, and he can not lift 40 lbs repetitiously. Mr. Welch must also stay clear of having to work excessive hours. Presently, it is advised that Mr. Welch remain ideally within a 40 hour work week. It is also recommended that Mr. Welch do not work over night hours. The restriction of excessive and overnight hours is derived from the ongoing sleep problems he faces almost daily.

Additional evaluation of Mr. Welch's condition will help determine his ability to work extensive hours, as well as having to work in a job that requires him to work overnight hours. The lifting of packages and the restrictions related to any such lifting will remain in effect forever, yet the restrictions from Mr. Welch's excessive hours shall remain in effect until he has arrived at a satisfactory sleep program derived from an extensive sleep study and adjustment of his medication.

Dr. Sherrid